

SELF-EMPLOYMENT VERIFICATION FOR PARTICIPANT

Last Name, First Name _____

Social Security Number _____

Enter amounts from the Income Section on the current Income Tax Form 1040: (If any of the following income amounts listed on the 1040 Income Section are less than zero, enter zero for the amount on this form.)

REGULAR INCOME

1 Wages, salaries, tips, etc.: _____

2 Taxable interest income: _____

3 Dividend income: _____

4 Alimony: _____

5 Total pensions and annuities: _____

6 Unemployment compensation: _____

7 Social Security benefits: _____

8 Other income: _____

9 *Total Regular Income:* _____

SELF-EMPLOYMENT INCOME (after deductions):

10 Business income (Schedule C): _____

11 Rents, royalties, partnerships, etc. (Schedule E): _____

12 Farm income (Schedule F): _____

13 *Total self-employment income (lines 10-12):* _____

DEDUCTIONS

14 Depletion (Schedule C): _____

15 Depreciation (Schedule C): _____

16 Depreciation expense (Schedule E): _____

17 Depreciation (Schedule F): _____

18 *Total Deductions (lines 14-17):* _____

SELF-EMPLOYMENT INCOME (before deductions):

19 (Add line 18 and line 13) _____

NOTE: No deductions are allowed for LIHEAP income calculations, though deductions are allowed for tax purposes. (If the total is zero or less, enter zero. This is the household's self-employment income.)

20 REGULAR AND SELF-EMPLOYMENT INCOME :

(Add Lines 9 and 19)

21 3 MONTH GROSS INCOME:

(Divide line 20 by 4)

(Enter on Page 2 of the Participant Assessment Application.)

Participant Signature _____

Date _____

Agency Representative _____

Date _____